



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name O.H. Metals				Location 1002 Oswego St. Utica		Date 3/12/87																					
Facility Equipment 1	Detax Clock 1	Weapon No. —	Holster —	Nightstick —	Raiscoat 1	Flashlight 1	Other Gate & Travel Keys, Phone																						
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Otc Del Vecchio				Officer—Swing Shift (Name) Otc Dealing		Officer—Grave Shift (Name) Otc Kokozzi																					
		Shift 8 @				Shift 4 @		Shift 12 @																					
		Began 8 @		Ended 4 @		Began 4 @		Ended 12 @																					
Observations or actions taken		Yes	No	Explanation		Yes	No	Explanation		Yes	No	Explanation																	
Rounds or stations missed			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																		
Unlocked doors, gates or windows			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																		
Unlocked vaults or safes			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																		
Fire-smoke-or hazards			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																		
1. Extinguishers missing or defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																		
2. Sprinkler system defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																		
3. Fire doors or exits blocked			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																		
4. Rubbish accumulation			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																		
5. Motors running			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																		
6. Lights left burning			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	AS needed				<input checked="" type="checkbox"/>																		
Injury hazards			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																		
Visitors			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																		
Trespassing			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																		
Violation of company rules			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																		
Remarks																													
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																													
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.					
Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No			
2. Did you suffer any illness?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Signatures		1		2		3		1		2		3		1		2		3		1		2		3					
		Del Vecchio								Dealing										Kokozzi									
Signatures		2								2										2									
Signatures		3								3										3									

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